

DECLARATION/POWER OF ATTORNEY FOR PATENT APPLICATION

As below named inventor, I hereby declare that My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or the first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DISPOSABLE AND FOLDABLE TOOTHBRUSH

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37 Code of Federal Regulations; sec. 1.56(a).

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business with the Patent and Trademark Office connected therewith.

Address all correspondence to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the U. S. Code and that such willful statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:

TODD PHILIP Domke
signature: Todd P. Domke

date: 12-21-03

citizenship: UNITED STATES

Residence/postal address:

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